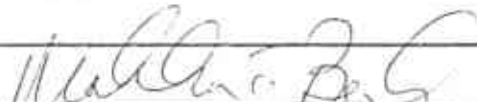


This report is to be completed by well driller and submitted to County Health Department together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality before certificate of construction compliance is issued.

REPORT MUST BE SUBMITTED WITHIN 30 DAYS OF WELL COMPLETION

P1023

| | | | | | | |
|---|--|--|---|--|---|--|
| OWNER | NAME Ralph Salgado | | ADDRESS Cook Rd. | | Mahopac, NY 10541 | |
| LOCATION OF WELL | (No. & Street) SAME | | (Town) | | (Lot Number) | |
| PROPOSED USE OF WELL | <input checked="" type="checkbox"/> DOMESTIC | <input type="checkbox"/> BUSINESS ESTABLISHMENT | <input type="checkbox"/> FARM | <input type="checkbox"/> TEST WELL | 870 H | |
| | <input type="checkbox"/> PUBLIC SUPPLY | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> AIR CONDITIONING | <input type="checkbox"/> OTHER (Specify) | | |
| DRILLING EQUIPMENT | <input checked="" type="checkbox"/> ROTARY | <input type="checkbox"/> COMPRESSED AIR PERCUSSION | <input type="checkbox"/> CABLE PERCUSSION | <input type="checkbox"/> OTHER (Specify) | | |
| CASING DETAILS | LENGTH (feet) 42' | DIAMETER (inches) 6" | WEIGHT PER FOOT 19 lbs. | <input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED | DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| YIELD TEST | <input type="checkbox"/> BAILED | <input checked="" type="checkbox"/> PUMPED | <input type="checkbox"/> COMPRESSED AIR | HOURS 6 | G.P.M. 12 | YIELD (G.P.M.) 12 |
| WATER LEVEL | MEASURE FROM LAND SURFACE - STATIC (Specify feet) 23' | | DURING YIELD TEST (feet) | | Depth of Completed Well in feet below Land surface: 185' | |
| SCREEN DETAILS | MAKE | | | | | LENGTH OPEN TO AQUIFER (feet) |
| | SLOT SIZE | DIAMETER (inches) | IF GRAVEL PACKED: | Diameter of well including gravel pack (inches): | GRAVEL SIZE (inches) | FROM (feet) TO (feet) |
| DEPTH FROM LAND SURFACE | | FORMATION DESCRIPTION | | Sketch exact location of well with distances, to at least two permanent landmarks. | | |
| FEET to FEET | | | | | | |
| 0 | 25 | Drilling in clay and boulders | | | | |
| | | Hit rock at 25 feet | | | | |
| 25 | 42 | Drilling in rock set, casing grouted. | | | | |
| 42 | 185 | Drilling in rock granite | | | | |
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| | | | | | | |
| If yield was tested at different depths during drilling, list below | | | | | | |
| FEET | | GALLONS PER MINUTE | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DATE WELL COMPLETED 11/30/77 | | DATE OF REPORT 7/2/81 | | WELL DRILLER (Signature)  | | |

RECEIVED

JUL 8 1982

PUTNAM COUNTY
DEPT. OF HEALTH